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For information

Country note**

Ghana

Summary

The Executive Director presents the country note for Ghana for a programme of cooperation for the period 2001 to 2005.

The situation of children and women

1. Ghana has a population of 19 million, 31 per cent of whom live below the poverty line. The gross national product is $390 per capita. The economy grew between 3 and 5 per cent annually over the last decade, while population grew 2.7 per cent per year. Ghana has ratified both the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. A major achievement that further demonstrates Ghana's political will and commitment to the promotion of children's rights and the implementation of the recommendations of the Committee on the Rights of the Child was the enactment of the Children's Bill and the Criminal Code Amendment Bill in 1998.

2. The infant mortality rate (IMR) and under-five mortality rate (U5MR) have steadily declined, from 82 and 132 per 1,000 live births in 1992, to 56 and 107 in 1998, bringing Ghana close to reaching its decade goals of 50 and 100 per 1,000 live births. Regional disparities between the north and south of the country, partly due to poverty and to lack of, and poor access to, services, are a cause for concern. In northern Ghana, IMR is twice as high and U5MR three times as high as in the capital region. Maternal mortality rates remain high, particularly in the north, ranging from 214 to 800 per 100,000 live births. Female genital mutilation and early marriage are common in several parts of the country. Child nutritional status has not improved, with 25 per cent of all children under five classified as underweight. Immunization coverage has steadily increased, and in 1998, 67 per cent of children received three doses of combined

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** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2000.

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diphtheria/pertussis/tetanus vaccine. The goal of polio eradication is vigorously pursued, with National Immunization Days coverage reaching 98 per cent. Malaria, acute respiratory infections, diarrhoea, malnutrition and measles remain the five leading killer diseases of children. While vitamin A supplementation has reached 90 per cent of children under five, only 22 per cent of households consume iodized salt. Iron deficiency is a serious problem, and 81 per cent of pre-school-age children have a low haemoglobin level. Ghana remains among the countries with the highest levels of dracunculiasis — 4,000 to 9,000 cases per year since 1994. National HIV prevalence is growing at an accelerated rate, reaching 4.6 per cent in June 1999. Women accounted for 60 per cent of the 29,546 cases of AIDS reported before 1998.

3. The gross primary enrolment rate declined slightly between 1990 and 1997, from 79 to 76 per cent. While the three best performing regions have a gross enrolment rate of about 90 per cent, the rate is below 60 per cent in the three northern regions. Gender disparities in enrolment and completion are also greatest in the north. In 1997, only 6 per cent of children in public primary schools attained above mastery level in English, and 3 per cent in mathematics, in the Criterion-Referenced Tests. The main causes for the decline in enrolment are poverty and the direct and indirect costs of education, the 1994-1995 ethnic conflict in the north, and disenchantment about formal education as a means to employment. The poor quality of education is attributed to inadequate supervision of teachers and insufficient teaching and learning materials. With the increasing rate of urbanization and the breakdown of the family, there are more children migrating to the streets in urban centres.

Lessons learned from past cooperation

4. The 1998 mid-term review highlighted the need for improvement in the areas of integrated planning and implementation among the different programmes, and of cost-effectiveness through more clearly focused activities. Accordingly, the programme was consolidated and targeted towards regions and populations in greatest need. At the national level, the programme has contributed to keeping children high on the policy agenda and supporting health and education reforms through sector-wide approaches (SWAPS). Community-based development processes were strengthened in two northern regions through promotion of participatory assessment, analysis and action in 130 communities. This two-pronged approach has positioned UNICEF to contribute effectively to policy development and priority setting at the national level, while achieving immediate results for children and women in deprived communities.

5. Using participatory learning and action — a systematic research method that involves communities, teachers, children and district officials in identifying, analysing and solving their problems — all 11 communities targeted by the Child-School-Community Project (CHILDSCOPE) achieved near 100 per cent enrolment of boys and girls. CHILDSCOPE schools ranked among the top in the district in English and mathematics achievement in 1998. According to a 1998 United States Agency for International Development-UNICEF evaluation, CHILDSCOPE proved to be an effective model in improving rural primary education by empowering communities to take positive action.

Proposed country programme strategy

6. The strategic framework of the programme of cooperation for 2001-2005 is founded on the universal realization of children's and women's rights. It operates within the national development policy framework (Ghana Vision 2020) and contributes to government efforts to alleviate poverty. The development of the strategy was preceded by the Common Country Assessment and a situation analysis. Building on experiences and lessons learned, it re-examines priorities and puts in place proven strategies to contribute to the accomplishment of the national programme of action and the goals of the World Summit for Children. The proposed programme takes full advantage of the enhanced policy environment resulting from sectoral reforms and SWAPs in health and education, and operates within the United Nations Development Assistance Framework (UNDAF). The strategy was developed in collaboration with the Government and other development partners, including non-governmental organizations (NGOs).

7. The goal of the country programme is to contribute to the achievement of the national goals of survival, development, participation and protection of children and women in Ghana. The overall objectives, which also reflect UNICEF global priorities under the medium-term plan and emerging Global Agenda for Children, are: (a) to contribute to maternal well-being and early childhood care for survival, growth and development, in order to increase the number of children who are physically and mentally healthy, socially alert and able to learn when they reach the age of six; (b) to contribute to sector-wide efforts in providing equitable

access of all children to quality basic education; and (c) to support children in need of special protection, especially vulnerable adolescents.

8. A combination of the three main country programme strategies — advocacy, capacity-building and service delivery — will be reflected in the design of projects and activities to ensure effectiveness and sustainability. Active participation in national policy development will be continued through support to sectoral reforms. Improved vertical integration will be sought by providing information on experiences and lessons learned from implementation at decentralized levels to national policy makers, and by encouraging adoption and expansion of best practices. Focus will be placed on the disadvantaged population in the northern regions, through the strengthening of the integrated community-based development (ICBD) approach. In addition, the programme will target children at risk, with an emphasis on adolescents. Gender concerns will be mainstreamed throughout the country programme, with a focus on activities to empower girls and women. Building on increasing collaboration through SWAPs, UNDAF and theme-based alliance-building, the programme will strengthen partnerships and alliances. HIV/AIDS prevention and management will be mainstreamed into the programme, with such components as policy development and advocacy, reproductive health interventions and youth peer education.

9. The country programme will comprise five components: rights promotion and protection; ICBD; health; nutrition; and education. The first two are cross-sectoral, while the remaining three are sectoral in nature. A programme support component will support the five focus areas through social mobilization and advocacy; and planning, monitoring and evaluation.

10. The objectives of the *rights promotion and protection* component are to: (a) raise awareness of and promote the implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women; and (b) advocate for and support children in need of special protection. At the national level, the programme will play a catalytic role in strengthening partnerships in the promotion and implementation of children's and women's rights. It will coordinate activities in advocacy, research, improved data collection and capacity-building. Services for specific groups of children in need of special protection, such as children living and working on the street, children at high risk of sexually transmitted diseases and HIV/AIDS and children subjected to various forms of exploitation and harmful traditional practices, will be provided.

11. The *ICBD* component seeks to: (a) strengthen the capacity of selected communities to assess the situation of children, analyse causes and take appropriate action towards improved child survival, development and protection; (b) strengthen the capacity of focus district assemblies, extension staff and NGOs to assess, analyse, plan, monitor and take appropriate action to enhance child survival, protection and development; and (c) ensure the delivery of basic services to target communities.

12. The *health* component will contribute to the national health goals of reducing infant and under-five morbidity and mortality, maternal mortality and childhood disability, with emphasis on the promotion of an integrated management of childhood illness (IMCI) initiative; childhood immunization; exclusive breastfeeding and maternal health; the eradication of dracunculiasis and polio; and elimination of maternal and neonatal tetanus. It will also support the implementation of a community-based minimum health package, including malaria control and reduction in the incidence of water- and excreta-related diseases in the focus districts. UNICEF will provide technical assistance to the consultative processes in health sector reforms, including the development of a long-term health strategy and performance monitoring of the new sector-wide approach to health.

13. The *nutrition* component will contribute to: (a) the reduction of malnutrition in children under five and the improvement of maternal nutrition, focusing on selected districts in the northern part of the country, while maintaining an advocacy role at the national level; (b) the virtual elimination of iodine deficiency disorders and vitamin A deficiency, and reduction of iron deficiency anaemia in children and pregnant women; and (c) household food security in target communities through partnerships with community-based organizations, NGOs and other development partners.

14. Objectives in the area of *education* are to: (a) strengthen government capacity to plan, implement, monitor and evaluate sector activities, with an emphasis on gender issues, curriculum development, early childhood care for survival, growth and development, and community participation in education; (b) improve enrolment, attendance and completion rates (particularly for girls) and the quality of primary education in focus districts; and (c) establish and expand family/community-centred approaches to early childhood development, including psychosocial and intellectual stimulation of children under the age of eight in focus districts.

15. Under the *programme support* area, a strategy for resource mobilization will be further elaborated. The country

office will strengthen existing partnerships with several bilateral donors and National Committees for UNICEF, especially in the health sector, and establish theme-based alliances to reach new partners. An integrated monitoring and evaluation plan will be developed, with emphasis on studies and evaluations in areas to enable improvement in project design and delivery. Data and information collected will also be used for more effective advocacy, social mobilization and communication in support of behavioural changes in all programmes. Multisectoral teams will be established within the country office to correspond to the following cross-cutting components within the country programme: early childhood care for survival, growth and development; ICBD; and adolescents at risk and HIV/AIDS.

Estimated programme budget

Estimated programme cooperation, 2001-2005[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Rights promotion and protection	1 500	5 800	7 300
Integrated community-based development	1 300	1 500	2 800
Health	5 000	25 100	30 100
Nutrition	1 700	4 000	5 700
Education	4 500	5 000	9 500
Programme support	3 165	1 435	4 600
Total	**17 165**	**42 835**	**60 000**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.